

# Wisconsin Department of Regulation & Licensing

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## BOARD OF NURSING

### REQUEST FOR TEMPORARY PERMIT FOR REGISTERED NURSE OR LICENSED PRACTICAL NURSE

TO BE COMPLETED BY APPLICANT:

CHECK ONE: ☐ Registered Nurse ☐ Licensed Practical Nurse

**A completed application, with proof of graduation from a board-approved school of professional nursing and the additional \$10.00 temporary permit fee, must be received in the board office prior to granting a temporary permit. A temporary permit is valid for 90 days or until the holder is notified he/she failed the NCLEX. Temporary permits are non-renewable and non-refundable.**

NAME OF APPLICANT: (Please print) \_\_\_\_\_

**ENDORSEMENT APPLICANTS:** Applicants who have a current license in another state or U.S. territory are not required to practice under direct supervision.

- ☐ I am currently licensed as an R.N./L.P.N. in another state or U. S. Territory and have no past or pending disciplinary actions in another state.

*Attach a copy of your current license from another state.*

**EXAM APPLICANTS** (please check one): Applicants who have not taken the NCLEX or, have taken the NCLEX and are awaiting results are required to practice under the **direct supervision** of a credentialed R.N./L.P.N. who has a current active registered nurse/licensed practical nurse license in Wisconsin.

- ☐ I plan to take the NCLEX for R.N./L.P.N. and wish to begin practicing prior to taking the examination. *(Direct supervision by an R.N. is required)*
- ☐ My initial application for licensure as an R.N./L.P.N. is pending in another state or U.S. territory. I have not failed any licensing examination in another state. I wish to begin practicing pending receipt of examination results and credentialing. *(Direct supervision by an R.N. is required.)*

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TO BE COMPLETED BY SUPERVISOR:

## STATEMENT OF SUPERVISING REGISTERED NURSE

The above-named applicant will be employed to work as an R.N./L.P.N. at the address listed below. Direct supervision by an R.N. will be provided.

The duration of this temporary permit is for a period of 90 days or until the holder is notified he/she failed the NCLEX. **Temporary permits are non-renewable and non-refundable.**

\_\_\_\_\_  
Supervisor Signature and Title

\_\_\_\_\_  
Facility Name

\_\_\_\_\_  
Print Name and Wisconsin RN License Number

\_\_\_\_\_  
Street Address

( )  
\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
City and State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Date